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### ATS SUMMARY STAT SMENT OF DERICINIOUS STATES, APPROPRIATE STATE OF THE ACCUMANCE OF THE SMENT OF T			860DE0	B. WING	·		1415	2/2007
### REGILATORY OR LISTIDINITY IN INFORMATION   PREFIX   CANDESTON ACTION SHOULD BE CANDESTON ACTION AND ACTION AC	MTS			5	927 55TH	STREET, NE	· · · · · · · · · · · · · · · · · · ·	(Z) ZUU /
A recertification survisy was conducted from October 30, 2007 thru November 2, 2007. The survey was initiated using the full survey process. A random sample of three clients was selected from a client population of five females with various disabilities. These clients transitioned to this group home in the latter part of September 2007. The findings of the survey were based on observations, interviews with staff in the home and at three day programs, as well as a review of client and administrative records, including inclident/investigation reports.  W 104  The governing body roust exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on the complainant observation, interviews with staff, and the review of records, the facility's governing body failed to consistently provide operational direction over the facility.  The findings include:  1. The governing body failed to establish an effective system to ensure that clients' legal quardians were fully if formed of the clients' medical condition, developmental and behavioral status, attendant risks of treatment, the right to refuse treatment, and due process rights. [See WVI24]  2. The governing body failed to ensure that newly hired staff demonstrated competency in implementation of Client #1 Behavior Support	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY EUL	PREFIX	CR	EACH CORRECTIVE ACT OSS-REFERENCED TO 1	fion should be the appropriate	COMPLETION PATE
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S BIGNATURE	W 104	A recertification sur October 30, 2007 the survey was initiated A random sample of from a client popular various disabilities. This group home in the 2007. The findings observations, Intervand at three day proclient and administrational dent/investigation 483,410(a)(1) GOVI The governing body budget, and operational direction. The findings included t	viay was conducted from any November 2, 2007. The using the full survey process. If three clients was selected than of five females with These clients transitioned to the latter part of September of the survey were based on lews with staff in the home regrams, as well as a review of alive records, including a reports. ERNING BODY that exercise general policy, and direction over the facility.  The facility is a service of the facility of the consistently provide cover the facility.  The facility is a service of the facility of the consistently provide cover the facility.					
	HORATORY	PRESTOR'S OR PROVIDE	REPRESENTATIVE'S SIGNA	TURE	1	TITLE	<del></del>	

In deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days and following the date these documents are made available to the facility. If deficiencies are pited an approved plan of correction are disclosable 14 rogram participation.

PRINTED: 11/16/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND FLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 8. WING 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (XS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX TAG REGULATORY OR LEIC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W 104 Continued From page 1 W 104 Plan (BSP), [See V/193] MTS has insured that the Issues cited in W104 and the associated tage have been addressed as ovidenced by the responses for W124, W193, W149 and W153...11-30-07; 3. The governing budy failed to implement it's incident management policy on reporting emergency room visits and/or admissions timely to the Department of Health. [See W149 and W153] W 124 483.420(a)(2) PROTECTION OF CLIENTS W 124 RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  $\mathcal{W}^{k_{n'}}$ This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility falled to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for two of four clients in the sample. (Client #1 and Client #2) The findings include: Observation of the evening medication. administration on October 30, 2007 at approximately 7:10 F.M. revealed Client #1 received Revia 50 mg, Haldol 6 mg, Buspirone HCL 10 mg, and Gabapentin 300 mg by mouth. Interview with the nursing staff on the same day at approximately 7:58 AM revealed that the medications were prescribed for behavior

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/16/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (K1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 927 55TH STREET, NE WASHINGTON, DC 20019 (X4) ID PREFIX TAG SUMMARY STATISMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC: IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 124 Continued From page 2 W 124 As indicated by the surveyor, the mother of client #1 had just management. Review of the client's physicians expired on 10-18-07, Also as indicated by the surveyor, the QMRP orders dated September 2007 on October has completed the necessary paperwork to establish a legal guardian for client #1. The OMRP will follow up with the DDS 11/1/07 2007 at approximately 8:20 AM revealed that medications were incorporated in a Behavior case manager until the needed guardian is obtained. The QMRP monthly power will reflect the status of follow up beginning with Support Plan (BSP) clated 12/3/06, to address the December 2007 summary ... 12-15-07. behaviors associated with hitting self, hand biting, nose picking, stomping, head banging/arms swinging, hitting, face slapping, skin picking, and hugging to hard for too long. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:15 AM revealed that Client #1 did not have a legal guardian. Further interview with the QMRP revealed that Client #1's mother signed consents for her medical procedures, however, she expired on 10/18/07. The review of Client #1's Psychological Assessment dated 12/1/06 on 11/1/07 at approximately 2:55 PM indicated that the client was able to make independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #1 or a legally suthorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility falled to provide evidence that substituted consent had been obtained from a legally recognized Individual or entity. 2a. Observation of the evening medication administration on October 30, 2007 at approximately 7:02 PM, revealed Client #2 received Lithium Oral Solution 450 mg, Risperdal

4 mg, Tegretol 100 mg 3 tabs BID, and

the nursing staff on the same day at approximately 7:58 AM revealed that the

Clomipramine 100 mg by mouth, interview with

HKA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/16/2007 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING. 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MT5 WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) JD SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR I SCIDENTIFYING INFORMATION) DATE TAG DEFICIENCY) The QMRP will follow up with the sister of client #2 to establish W 124 Continued From page 3 W 124 her se the legal guardian for her sister. The OMRP monthly notes medications were prescribed for behavior will reflect the status of follow up beginning with the Decomber management. Review of the client's physicians минину ... 12-15-07. orders dated September 2007 on October 11/1/07 2007 at approximately 10:34 AM revealed that medications were incorporated in a Behavior Support Flan (BSP) dated 12/1/08, to address behaviors associated with aggression, self-injurious behaviors, property destruction, hitting, kicking, pushing people, screaming, throwing objects, spitting, and hyperactivity. interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:15 AM revealed that Client #2 did not have a legal guardian. Further interview with the QMRP revealed that Clien: #2's sister was involved and signed consents for her medical procedures. however, she was not the legal guardian. The review of Client #1's Psychological Assessment dated 12/1/06 on 11/1/07 at approximately 3:11 PM indicated that the client was able to make Independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #2 or a legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual. or entity, b. Interview with the facility's Nursing Coordinator and review of the medical records on 11/1/07 at approximately 10:50 AM revealed that Client #2 received Ativan 2 mg for a Gyn appointment. Further record review failed to evidence that consent had been obtained prior to the

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PRINTED: 11/16/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION YAYRUB BTAG (EX) AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 927 55TH STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (XS) COMPLETION PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG REGULATORY OR LIC IDENTIFYING INFORMATION) DATE DEFICIENCY) W 124 Continued From page 4 The QMRP will insure that consents are signed prior to sedation W 124 rituations once the two new legal guardians are established and for administration of the medication. Interview with all of the individuals served in this home... 12-30-07. the Qualified Mental Retardation Professional MIS is systematically tracking the guardianship and consent status (QMRP) on 11/2/07 approximately 10:16 AM for in entire census served. Over the last year, MTS has made revealed that Client #2's sister signed consents great strides in reducing the number of individuals who have no. for medications and medical procedures. Further decision-making support person. These efforts will continue until cack person supported who needs decision-making support has an interview with the QMRP revealed that Human appropriate person in place \_. 11-30-07. Rights Committee (HRC) had approved the use of the sedative medications prior to the Implementation. W 126 483.420(a)(4) PROTECTION OF CLIENTS W 126 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the exterit of their capabilities. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the clients' right to be laught to manage their financial affairs to the extent of their capabilities for one of two clients in the sample, (Clients #3) The finding includes: Interview with the Activities Coordinator (AC) at the day program and review of the monthly progress notes on 10/30/07 at approximately

FORM CMS-2367(DZ-99) Providus Versions Otisolete

10:50 AM revealed that Client #3 had a money management objective. The objective stated that "given verbal prompts, the client will identify coins (penny, nickel, dime, quarter, 50 cents up to \$1.00) within 12 months." The AC indicated that Client #3's went on outings and made purchases. Interview with QMRP on 11/2/07, at 10:30 AM revealed that Client #3 had financial assessment

The client IPP reviewed on 11/2/07 at

Event ID: 7JC211

Facility ID; 09:G098

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/16/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 ((1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED 09G098 8. WING NAME OF PROVIDER OR SUPPLIER 11/02/2007 street address, city, state, zip code MTS 927 55TH STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY N UST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE PROSS-REFERENCED TO THE APPROPRIATE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 126 Continued From page 5 A money management objective will be added to the activo W 128 approximately 9:15 AM did not include a money treatment training regimen of client #3 and the QMRP will assess the skills of client #3 prior to developing the program to insure that management goal and there was no the program reflects client #3's existing skill levels and potential comprehensive money management assessment for growth. The QMRF will be assisted by the Residential that outlined Client #8's skills and specific need in Manager and the QA Consultant ... 12-15-07 In addition, this consideration will be reviewed for all of the this area. individuals served in this home to insure proper training is 483.420(a)(7) PROTECTION OF CLIENTS W 130 occurring ... 12-15-07, . W 130 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation interview, and record review, the facility failed to ensure the right to privacy during treatment and personal needs, for two of five clients included in the sample. (Client #1 and #3) The findings include: 1. On 10/30/07 at 5:54 PM, Client #1 observed lifting her shirt up exposing her bra and with her pants unbutton while assisting her housemate with setting the table for dinner. Further observations revealed one direct care staff was in the kitchen preparing cinner and the other direct care staff was in the basement with three other clients. Interview with the direct care staff revealed that Client #1 will expose herself by taking off her clothes when she becomes too hot. At no time did direct care staff encourage Client #1 to button her pants and to keep her shirt down. 2. On 10/30/07 at approximately 7:00 PM, Client #3 was observed sitting on the toilet while the bathroom door was wide open. The tollet and Client #3 were visible from the kitchen and the

MTS, Inc. HRA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 149	revealed that the country the door when she was aware that the used the bathroom Client #3 to close to that she was going no evidence that the client's privacy white 483.420(d)(1) STA CLIENTS  The facility must depolicies and proceensistreatment, negligibles and proceensistreatment, negligible to implement policy on reporting admissions to other state Law (DC registrate L	whith the direct care staff staff staff staff needed reminders to close used the bathroom. The staff coor was open while Client #3 in. At no time did staff remind the door when informing them to the bathroom. There was ne direct care staff ensured the le using the bathroom.  FI: TREATMENT OF  Evelop and implement written dures that prohibit act or abuse of the client is not met as evidenced by: and record review, the facility its incident management ernergency room visits and/or rofficials in accordance with ulation 22 DCMR Chapter 35	W 1		The andf will receive further training of the QMRF by 12-15-07. The QMRP and facility manager will it routine weekly observations of active the direct care staff (minimum weakly the facility manager) 12-15-07.	nsure ongoj regiment as	ng follow up implemented	via by

Facility ID: 09G098

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	hospitalization 1-4-	ge /	W 14	9		
	Mental Retardation	r/lew with the Qualifled		MTS conducts a monthly management tea the residential manager, president, QA con		
	11/2/07 at approxim	Professional (QMRP) on stely 8:24 PM revealed that		to the December meeting, the team will in	sure that it reviews th	le .
	The Strict Gently Italian	Vigits and because.		process for submitting incident reports in that there are no flaws in MTS' internal pu		BUTE
	Philippids Shotlid P	IFI TODAYSENDE LA MAR ALALI.		The residential manager will reinforce dur	ing the December	
	THE MANUFACTURES WITHIN TALL	Clies Review of the least a		QMRP team meeting the importance of in recoust are submitted to the IMC within 2s		t.
		ND 111733707 At Games at 1 1 1		this be reherated for a staff during Decemi		
		[]M []N/HX H Protorogain 6		The IMC will rotate		
	failed to implement to	oom visits. The facility		The IMC will retain copies of the fax verifi- theure that MTS can verify when document faxed 12-1-07.	tion documents to	,
-	The state of the s	room visits that leads to		faxed 12-1-07.	- wore accountly	
	hospitalizations.	THE PERMANENT		·		
	2 Povlovi of !- !				.	
	review of an incident #	dent report dated 5/30/07			ļ	
•	day program. The cli	ti had arrived home from the ent tripped over her sandels		,	ļ	,
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	the state agency (DOI	ricident report revealed that	}	•	)*	į
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V 153	483.420(d)(2) STAFF:	TREATMENT OF	W 153	*		1
	CLIENTS	1	** HOD		<b>\</b> .	
	The facility must ensure	€ that all allegations of		•	*	
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	officials in accordance	with State law through	1	÷		

## PRINTED: 11/16/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MTS WASHINGTON, DC :20019 (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (BACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX TAG REGULATORY OR USO IDENTIFYING INFORMATION) TAG DEFICIENCY) W 153 W153 Continued From page 8 W 153 established procedures. See response for W149 above. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all injuries of unknown source and emergency room visits requiring the clients to be admitted were im nediately reported to the administrator and to other officials in accordance with State Law (DC regulation 22 DCMR Chapter 35 Section 3519,10). The finding Includes: Review of an unusual incident report dated 10/1/07 revealed that Client #5 was discovered to have a bruise on her right foot while showering. The client's foot was x-rayed and the results were negative. Further review of the incident report revealed that the facility's IMC had forwarded the incident report via fax to DOH on 10/12/07. There Was no documented evidence that the facility's IMC had forwarded the incident report to DOH as required. W 159 483,430(a) QUALIFIED MENTAL W 159 RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation

brograms.

Professional (QIVIRP) falled to integrate,

coordinate and monitor its clients active treatment

STAT <b>EM</b> EN AND FLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPL	E CONSTRUCTIO	N	COMPLI	
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W 159	The findings included  1. The facility's QM demonstrated communications.	RP falled to ensure that staff	. <b>VV</b> 1	59				
	2. The QMRP falled provided the opport	an (BSP). [See W193]  I to ensure that clients were unities for making choices as ragement, [See W247]					,	
	individual Program	I to ensure that each client's Plan (IPP) objectives are ently and accurately. [See						·
	the objectives in the made certain that the	RP failed to ensure that each ram designed to implement individual program plan (IPP) e data collection system was outcome of the objective.						
	Interdisciplinary Tea Client was a candida	to coordinate with the m (IDT) to explore whether ite for dentures or a bridge to front teeth as evidenced						
	on 11/2/07 at approx that she was unsure been assessed for d missing front teeth, surveyor to speak wi Practical Nurse (LPN	cted on 10/30/07 at  "M revealed Client #2 th. Interview with the QMRP imately 12:30 PM revealed whether or not Client #2 has antures or a bridge for her The QMRP directed the th the facility's Licensed ). Interview with the facility's / at approximately 1:30 PM						

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W 159	revealed that Client for dentures or a br	t#2 has never been assessed idge.	. W 1	59	W159  1, 2, 3 and 4 – see responses for W193  5. The OMRP will coordinate with nur for dental follow up to assess the possi  07.	, ¥/247, W		
•	Tagabase editibili60.	I Identified as needed by the	-		6, 7, 9, 10, and 11 – see responses for \\ W242, and W249.		•	
	guardians for psych and the implementa	d for ensure that informed their from family/legal of opic medications, sedation, tich of Behavior Support mulementation. [See.W124	V. P		· · · · · · · · · · · · · · · · · · ·			
	The QMRP failed behaviors and/or ind w224]	to ensure to assess adaptive ependent living skills. [See	·					
	10. The QMRP falle individual program p privacy. [See W242]	d to ensure that clients' lans (IPP) included training in				,		
	treatment in accorda program plans (IPPs [See W249]	d to ensure that clients were nites for continuous active note with the individual and demonstrated needs.						
W 189	483.430(e)(1) STAFF	TRAINING PROGRAM	W 189	∌ .	•			
·  -	man mind Community (	ride each employee with training that enables the his or her duties effectively, etently.						
	eview, the facility falls	not met as evidenced by: , interview and record ec to ensure that each				-		
	(02-99) Previous Versions Ob	go ate Event ID: 7JC211	Fac	cility I	D: dogoes If co	ntiprofice	Shoet Rea	

DEPA	RTMENT OF HEALT	H AND HUMAN SERVICES	-	•		DDia	TTD: 4444
	CIVE FOR MEDICAR	& MEDICAID SERVICES	!			F	VTED; 11/16/20α Φ <b>RM</b> ΑΡΡΒΟΥΕ
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	<u> </u>	NO. 0938-039
	•		l l	ILDING		CC	DMPLETED
NAMEO	E DDO 45	09G098	B. WID	жG			
	F PROVIDER OR SUPPLIER		<del></del>	STRE	ET ADDICES OF STATE	$-\!\!\!\!\!+\!\!\!\!\!\!-$	11/02/2007
MTS	·		t .	92	EET ADDRESS, CITY, STATE, ZIP CO 7 SOTH STREET, NE	DE	
(X4) ID		CEMENT OF DEFICIENCIES			ASHINGTON, DC 20019		
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W 18		{  <b>@ 1</b> 1	W 1	89	W189		<del>                                     </del>
	THE PROPERTY WHAT BOADS	ided with initial and continuing the employee to perform his vely, efficiently, and	:		The QMRP will insure that all shelf tocci privacy/dignity and human rights genera	lly by 12-13-(	7.
	The findings include	*	· .		The QMRP will coordinate with psychol training is provided on the BSP of client and on the behavior data collection system.	#1 for new and 115 12-30-07.	old staff
	The facility failed demonstrated the p [See W130]	to ensure that staff otection of clients rights.	i ,		The QMRP and facility manager with revenuelinely (minimum weakly QMRP, below insure ongoing compliance and will provide a provenue are noted 12-1-07.	eekly facilise o	ranmone's to
	Tamin Activities Section 1	(POT #1 Rehavior Sunnam		- A			
W 193	#1's targeted behavi Behavior Consequer Sheets. [See W252]	to ensure that staff had alning on documenting Client ors on the Antecedent on the Callection  TRAINING PROGRAM	: . W 19:	3	•	,	
	Staff must be able to techniques necessar	Jemonstrate the skills and y to administer interventions repriate behavior of clients.	· · ·,			, ;	
	review of records, the newly hired staff dem	not met as evidenced by:  13. staff interviews and the 15 facility failed to ensure that 16 constrated competency in the 17 ent #1 Behavior Support			·		
	The finding includes:		·				
	Observations conduct approximately 5:25 Pi	and on 10/30/07 at virevealed Client #1 hitting					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES
(X1) PROVIDER/SUPPLIER/CLIA

AND PL	AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MU A. BUILI	JLTIPLE CONSTRUCTION		(Xa) DATE &	URVEY
		, 09 <b>G</b> 098	B. WING		<del></del>		_ 1 84
NAME	OF PROVIDER OR SUPPLIER	039086				11/0	2/2007
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(X4) PREF	W   COUNT DELICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCHOENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PI (EACH CORRECTI CROSS-REFERENCE	LAN OF CORRECT	I A DC	(XB) COMPLETION DATE:
W 1	Gontinued From pa	g ≥ 12	W 19	0/100	10/0(01)		<u> </u>
	observations revea prompted Client #1 between her and the with the direct care PM revealed that she clients Behavior Suj interview with the st been working at the of the BSP dated 12 has targeted behavior	the right shoulder three times it another housemate. Further est that the direct care staff to stop while standing a other housemate. Interview staff at approximately 5:36 the had not been trained on the prort Plans (BSP). Further aff revealed that she had only facility six (6) days. Review 75:76, revealed that the client or that Included hitting or		The QMRP will provide that on all behavior issues by The staff member will receive by 12-30-07. It should be noted that the mainful training on the BSPs of orientation but that should no air days experience to perform training and observation is not response here, will be provided it should also be noted, as the the staff member responded a client from hining/harming the	-11-30-07, efficiently for the first find the first	psychology on did receive rition of the w a person wit so soon. Furth s per the	h ecr
	revealed that when the behaviors, staff show steps:  a. Activaly engaged b. Redirect early to a	continuously					
	d. Teach her to use something to hold, for Redirect her with a f. Praise for cooperate	her hands by giving lc, place, drop, squeeze sensory materials.					
	acknowledged that the received training on the no evidence that staff in implementation of C 483.440(o)(3)(v) iNDINTHE comprehensive function in the communication in the communi	Inctional assessment must plans or independent living states to be able to hear.	W 224				
CMS-256	7(02-99) Previous Versions Obs	Mate Shart In Time					
		Diata Event ID: 7JC211	Faoilit	ty ID: 08G088	If continuation	= <del></del> sheet Page	13 of 23

DEPA	RTMENT OF HEALT'-	I AND HUMAN SERVICES			r .	PRINTE	D: 11/18/2007
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I STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:		IULTIPLE !	CONSTRUCTION	(X3) DATE	0. 0938-0391 SURVEY LETED
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NAME OF	PROVIDER OR SUPPLIER					11/	02/2007
MTS		•		927 5	Address, City, State, ZIP Code 5th Street, NE HINGTON, DC: 20019		
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W 224	Continued From page	je 13	W 2	24	<del></del>		<del>                                     </del>
	This STANDARD is Based on interview if falled to assess ada	not met as evidenced by: and record review, the facility ptive behaviors and/or kills, for one of the five clients			See response for W125		
	The finding includes	:					
W 237	area or money mar a	asess that Clients #3 in the agement. [See W126] DIVIDUAL PROGRAM PLAN	W 2	37			
	implement the object program plan must s frequency of data co	program designed to tives in the individual specify the type of data and flection necessary to be able loward the desired objectives.					
	ensure that each with designed to impleme individual program pludata necessary to as	not met as evidenced by: ew, the facility failed to ten training program nt me objectives in the an (IPP) specified the type of sess progress toward the one of three clients in the					
:	The finding includes:				·		
	THE EXECUTE OF THE STATE OF THE	1's Individual Programs Plan don on 11/2/07 at M revealed the following	•				
	a. The client will set t sessions.	he table with a peer on 7/7	•		· .		
	b. The will client expr	ess herself at the		;			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/16/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G098 NAME OF PROVIDER OR SUPPLIER 11/02/2007 STREET ADDRESS, CITY, STATE, ZIP CODE MIS 927 55TH STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙÞ PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION OROGS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 237 Continued From page 14 W237 W 237 appropriate time with physical assistance down to The programs cited here will be reviewed and modified where verbal prompts on 4/5 triels. needed to insure that they reflect clear, measurable objectives and matching data collection systems. The programs will be modified According to the data sheets, staffs' documented by ... 12-15-07. a (+) if the client completed the task and (-) if the in addition, MTS is in the process of providing its QMRPs with a sciention of standard guides for developing programs that can be client did not complete the tasks or refused. The used to develop the individualized programs for each person data sheet did not reflect at what level of ацоронее ... 12-30-07 assistance was being used. It could not be determined how these goals were being measured for progress. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 11:55 PM acknowledged that the current data collection system did not provide accurate measurement the client's progress. 483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN W 242 W242 W 247 The individual program plan must include, for See responses for W130. those clients who lack them, training in personal skills essential for privacy and independence (Including, but not limited to, toilet training, personal hygiene, dantal hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, staff Interview and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in privacy for one of three clients included in the sample, (Client #3) The finding includes: The facility failed to ensure that Client #3's IPP included training in privacy. [See W130]

9TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		CONSTRUCTIO	N	(X3) [		URVEY ETED
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W 247	483.440(c)(6)(vi) IN	DIVIDUAL PROGRAM PLAN	W 2	47	:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	The individual progroupportunities for clic self-management.	am plan must include ant choice and							
	Based on observation failed to ensure that	s not met as evidenced by: (In and interview, the facility It clients (#1 and #2) were It continues for making choices as It agement.							
	The findings include	a:							
	Licensed Practical National Practical Nations of Practical National Practical National Procession of the LPN was further medications to the prevented that Client that is implemented Review of Client #1" (IPP) dated 2/5/07 of 2:25 PM revealed "take her medications consecutive session clients will a) get the when name is called d) will take the medications of the fact water. Further revied ocument on the fact water water to the fact water that the Client participate in her IPF capabilities.	mately 7:10 PM revealed the curse (LPN) preparing the medication administration. To be served to administer the lent. Interview with the LPN with has a self-medications only on the weekends. Individual Program Plans individual Program Plans of 11/2/07 at approximately le client will Independently for 3 months. (i.e. the water, b) go to the nurse of accept the medications, cations, and d) drink the lifty's data sheets five days a liday. There was no ent #1 was afforded the regimen to the extent of his ions was conducted on							
		Ans Mas Childness Ou			j			1	. 1

ND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUFFLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLI	
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vame of P M T S	ROVIDER OR SUPPLIER		9	REET ADDRESS, CITY, STATE 127 55TH STREET, NE NASHINGTON, DC 2001	, ZIP CODE	LILUVI
(X4) ID PREFIX TAG	(Each deficienc	PITEMENT OF DEFICIENCIES WMUST BE PRÉCÉDED BY FULL LSC IDENTIFYING INPURMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED	OP CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	COMPL DAT
W 247	Client #2's water for The LPN was furth to the client's mouth	imately 7:02 PM revealed the Nurse (LPN) preparing the properties medication administration. For observed to hold the pill cup the LPN	W 247	The DON, lead RN and QMRP medicalion nurses follow the sel individuals supported as per the mandates 12-15-07. The QMRP and lead RN will re weekly) to insure (outine complete)	If medication programs for the written program view the data routinely (minim	um
	revealed that Clien that is implemented Review of Client # (IPP) dated 12/8/06 3:11 PM revealed	t #1 has a self-medications d only on the weekends. 2's Individual Program Plans on 11/2/07 at approximately the client will independently				
	take nor medication consecutive session clients will a) get the when name is called) will take the medication.	ns five days a week for eight one for 3 months. (i.e. the the water, b) go to the nurse ed, c) accept the medications, dications, and d) drink the				
	water. Further revi document on the fa week Monday thrus evidence that the C opportunity for choi participate in her IP	ew revealed that staff will scillity's data sheets five days a Friday. There was no slient #2 was afforded the ce, self-management, or to 'F' regimen to the extent of his				
Ι,	⊂apaumaes.	C:RAM IMPLEMENTATION	W 249	•		
1 1 2 2	each client must rec reatment program of nterventions and seand frequency to su objectives identified	rdisciplinary team has sindividual program plan, calve a continuous active consisting of needed arvices in sufficient number pport the achievement of the individual program				
F	olan.		·	,		
n	eview, the facility fa	not met as evidenced by: In staff interviews and record liad to ensure that clients opportunities for continuous				

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES				PRINT <b>E</b> I Fori	D: 11/16/2007 MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:		MULTIFLI IILDING	E CONSTRUCTION	(X3) DATE COMPI	
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W 249	active treatment in a	coordance with the individual	W.	249			
	Licensed Practical No. Client #1's water for The LPN was furthe medications to the convealed that Client #1's implemented Review of Client #1's (IPP) dated 2/5/07 of 2:25 PM revealed "that take her medications consecutive session clients will a) get the when name is called d) will take the medications water. Further review document on the fact week Monday thru Frevidence that the Clieopportunity for choice	tons was conducted on rately 7:10 PM revealed the larse (LPN) preparing the medication administration. To observed to administer the lient. Interview with the LPN with has a self-medications conly on the weekends. Individual Program Plans 11/2/07 at approximately a client will independently five days a week for eight for 3 months. (i.e., the water, b) go to the nurse water, b) go to the nurse of accept the medications. Sations, and d) drink the water at a sheets five days a					
-	Licensed Practical Ni Client #2's water for r The LPN was further to the client's mouth. revealed that Client # that is implemented o	ons was conducted on rately 7:02 PM revealed the true (LPN) preparing the medication administration. Observed to hold the pill cup interview with the LPN has a self-medications on the weekends.				.*	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/16/2007

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NQ<u>.</u> 0938-039<u>1</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙĎ (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) W 249 Continued From page 18 W 249 W249 (IPP) dated 12/8/06 on 11/2/07 at approximately 3:11 PM revealed "the client will independently Ser responses for W247 above. take her medications; five days a week for eight consecutive sessions for 3 months. (i.e. the clients will a) get the water, b) go to the nurse when name is called, c) accept the medications, d) will take the medications, and d) drink the water. Further review revealed that staff will document on the facility's data sheets five days a week Monday thru Friday. There was no evidence that the Ollant #2 was afforded continuous opportunities for choice, self-management, or to participate in her IPP regimen to the extent of his capabilities. 483.440(e)(1) PROGRAM DOCUMENTATION W 252 W 252 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility falled to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately for one of three clients in the sample. (Client #1) The finding includes: Observations conducted on 10/30/07 at approximately 5:25 P VI revealed Client #1 hitting one housemate on the right shoulder three times and attempting to hit another housemate. Further observations revealed the client banging her head, stomping, and arm swinging. Review of Client #1 Behavior Support Plan (BSP) dated

ŞTATEMEN AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/5UPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE COMP	
,	·	09G098	B. WING_	<u> </u>		02/2007
MAME OF I	PROVIDER OR SUPPLIER		. 9	reet address, city, state, 27 s5th street, ne Vashington, DC 2001:	, ZIP CODE	
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W 252	12/3/06 on 11/1/07 revealed that staff on the Antecedent charts. On 11/2/07 review of the data chad behaviors of lahead. Further revied did not reflect Clien and hitting others will there was no evide collected in according the assessment of the eassessment of the	st approximately 2:52 PM May to record target behaviors Behavior Consequence (ABC) at approximately 8:24 AM the mart revealed that Client #1 ying on the floor and hitting her w of the data collection sheets 1 #1 stomping, arm swinging, as observed on 10/30/07, ence that the data had been ance with the BSP for Client	W 252	W252 The QMRP will coordinate with receives further training on the O7. The QMRP will review data on observe active treatment imples insure prouting compliance 12	BSPs and data collection1; dection at minimum weekly a mentation at minimum weekly	2-30- and
	The committee sho are conducted only	Lid insure that these programs with the written informed t parents (if the client is a clien.	· ·			
	facility's specially-co Rights Committee) to programs were used	is not met as evidenced by: send record review, the sensituted committee (Human falled to ensure that restrictive denity with written consents, its included in the sample.				
	for the use of Client:	ights committee failed to consent had been obtained #1's and #2's Behavior			,	
RM CMS-258	7(02-99) Previous Versions C	15		·	·	

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		0/1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER  M T 9				STREET ADDRESS, CITY, STATE, ZIP CODE .927 55TH STREET, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	Summary Stati:Ment of Deficiencies (Each Deficiency Nust be preceded by Full Regulatory or LSC:Identifying Information)		ID PREFIX TAG	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLEYION DATE		
W 356	had been obtained Support Plan (BSP) psychotropic medic Qualified Mental Re (QMRP) on 11/2/07 revealed that Client informed consent s other person identified the survey; howe paper to obtain gua W124]  2. There was no enhad been obtained Support Plan (BSP) psychotropic medical appointme Qualified Mental Re (QMRP) on 11/2/0 revealed that Client for treatment. [See 483,460(g)(2) CON TREATMENT  The facility must entreatment services needed for relief of restoration of teeth, health.  This STANDARD is Based on observative review, the facility fitreatment services	vicience that written consent for Client #1's Behavior of the use of the prescribed ations. Interview with estardation Professional at approximately 10:15 PM at 1 did not have written ig sed by a guardian or any field as responsible at the time exer, the QMRP submitted are ignable for the client. [See widence that written consent for Client #2's Behavior of the use of prescribed eatlons, and sedation prior to nts. Interview with the estardation Professional 7 at approximately 10:85 PM at #2's sister signed consents	W 356	W263 See responses for W124				

STATEMEN	T.OF DEFICIENCIES	E & MEDICAID SERVICES	· · · · · · · · · · · · · · · · · · ·		OMB I	NO. 0938-0
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W 356	Continued From pa	3ge 21	W 350	1		<del></del>
	The finding include	<b>5</b> 1	W 350	·		
7.7				The QMRP will coordinate	c with nursing to insure that c	lentel
	Observations conducted at the day program on			follow up is scheduled for client #3 by 12-30-07. It should be noted that although the OMRP notes do not reflect the		
	TOTAL AT APPROX	lmately 10:18 AM revealed		- Cities has citients bare been a	tip/le in phisin the pilot of a	-1
	Chair #3 appaared	to have a heavy hullet		arcoupe, 10/8 ts 9 sAstem-A	vide problem that causes dela duals in our support system.	um Xuu oloontad
	Begins of Chart 45	ration around her teeth.		I COMMITTING TO MOLK WILL THE	Diavider coelidos sed trible s	MIS Will develops
	at approximately 4:	's medical records on 11/1/07 48 PM revealed an initial		A SASTERN WAY FOL THIS UPON IN	1 17.1.07	- ,
	dental consult date	d 6/11/07. According to the		beginsing with the Decemb	will reflect the status of follo	Ψup.
	AND COURSE	PCODDIAD ded patient continued			om 2007 MORPHINATORIA	
	And Licary Calchins	CENORITY and indicated 1				
	ALIE MIN SUDDIE DEF	Sillinguization to traditional and a		1		
	ALLIA CARL GIRDLAGE	V WITH THE CITALITIES IN A MAN A			-	
	Marangarion Publicia	RODAL (C)MRD) and teams.				
	LIVUIDUU EISIMUSI I	VIICO II DNI on it bross				
*	~>>~ ~~(())(d)(())()	PM COnfirmed that Ottant up 1				
	and the relativist of the	1/17/1/ 20/16/ppressala / 1				•
	staing. The QIVIR)	revealed that the facility was				
	(Scaling) At the stee	oval for dental services				
	falled to provide and	e of the survey, the facility dence that Client #3 received				- :
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PRINTED: 11/16/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0<u>938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G098 11/02/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 827 SSTH STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OF LISC IDENTIFYING INFORMATION) TAG DEFICIENCY W 436 Continued From page 22 W 436 review, the facility failed to ensure that clients The QMRP will coordinate with nursing and the PT to insure that a were provided with necessary adaptive equipment new sai of ankic orthogic is ordered for client #1 by ... 12-15-07. for one of three clients included in the sample. (Client #1) The finding includes: 1. Review of Client #1's Individual Support Plan (ISP) dated 2/5/07 on 11/1/07 at approximately 2:25 PM revealed a Physical Therapist Assessment (PT) dated 1/8/07. According to the PT assessment, it was recommended that Client #1 obtain "dynamic ankle foot orthosis for both feet to improve toe clearance." Interview with the facility's Licensed Fractical Nurse (LPN) on 11/2/07 at approximately 12:00 PM revealed that the facility had purchased the orthosis but it was lost during the clior i's transfer to the new residence on 9/27/07. Interview with the Qualified Mental Retardation Professional (QMRP) on the same day at approximately 12:45 PM confirmed the facility's LPN statement. At the time of the survey, there was no evidence that the client had received the ankle foot orthosis as recommended in the ISP.